

**BIOTINIDASE, SERUM**  
**#88205**

**USEFUL FOR:** Testing for biotinidase deficiency.  
Follow-up testing for certain organic acidurias.

**METHODOLOGY:** Colorimetric

**REFERENCE VALUES:** 3.5-13.8 U/L  
Partial deficiencies and carriers may occur at the low end of the reference range. Suggest maintenance on a biotin supplementation and retesting in 1 month.

**SPECIMEN REQUIREMENTS:** Draw blood in a plain, red-top tube(s) or serum gel tube(s). Spin down, remove serum immediately, freeze immediately, and send 1.0 mL of frozen serum in a plastic vial.

**SPECIMEN REQUIREMENTS:** Frozen/ Refrig <5 days/ Ambient NO

**LIST FEE:** \$ 124.10

**CPT CODE:** 82261

**ANALYTIC TIME:** 4 days

**DAY(S) SET-UP:** Monday, Thursday

**QUESTIONS:** Contact your Mayo Medical Laboratories' Regional Manager  
Sara Siewert, Mayo Medical Laboratories' Technologist Support  
Telephone: 800-533-1710

# TEST DEFINITION

7/23/2009

MML	NAME/ORDER CODE	CROSS-REFERENCE
CODE	NAME	
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88205	BIOTINIDASE, S	

MML	MML TEST SETUP INFORMATION		PERFORM
ORDER CODE	EFF DATE	TC	PRINT NORMALS (# CODED) SITE *
TITLE	CHECKING NORMALS		
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88205	7/6/2009		MCR
	TRANSPORT	TEMP : FROZEN\REFRIG <5 DAYS\AMBIENT NO	
	50666	SPECIMEN	
	-	-	
	50667	SPECIMEN ID	
	-	-	
	50668	SOURCE	
	-	-	
	50669	ORDER DATE	
	-	-	
	50670	REASON FOR REFERRAL	
	-	-	
	50671	METHOD	
	-	-	
	50672	BIOTINIDASE, S	
		UNITS: U/L	
		NO SEX	
		ALL AGES : 3.5-13.8	; 3.5-13.8
		MALE	
		ALL AGES : 3.5-13.8	; 3.5-13.8
		FEMALE	
		ALL AGES : 3.5-13.8	; 3.5-13.8
	-	-	
	50673	INTERPRETATION	
	-	-	
	50674	AMENDMENT	
	-	-	

MML MML TEST SETUP INFORMATION

ORDER	EFF	TC	TITLE	CHECKING NORMALS	PERFORM
CODE	DATE				PRINT NORMALS (# CODED) SITE *
88205	(CONTINUED)				
		50675	REVIEWED BY		
		50676	RELEASE DATE		

\*PERFORMING SITE LEGEND

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MCR	MAYO CLINIC DPT OF LAB MED & PATHOLOGY	LAB DIRECTOR:	FRANKLIN R. COCKERILL, III, M.D.
	200 FIRST STREET SW		
	ROCHESTER, MN 55905		

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MML	MESSAGES USED AS NORMALS
CODE	TEXT
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TOTAL OF 0 NORMALS CODES

\*\*\* END OF REPORT \*\*\*



## LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TESTING, BIOTSQA		PATIENT NUMBER		AGE 33	SEX F	ACCESSION # G9131877
ORDERING PHYSICIAN			CLIENT ORDER #			ACCOUNT # LIAISONS
COLLECTION 07/16/09 07:18 A	RECEIVED 07/16/09 07:18 A	REPORT PRINTED 07/23/09 01:28 P		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE	TIME	DATE	TIME	DATE	TIME	
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *
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**Biotinidase, S**

<b>Specimen</b>	Serum	MCR
<b>Specimen ID</b>	1038411	MCR
<b>Order Date</b>	21 Jul 2009 12:51	MCR
<b>Reason For Referral</b>		MCR

Reason for referral not provided.

<b>Method</b>	Colorimetric	MCR
<b>Biotinidase, S</b>	L 1.4 U/L 3.5-13.8	MCR
<b>Interpretation</b>		MCR

In this sample, biotinidase activity is decreased. These results indicate that this individual is affected with biotinidase deficiency (OMIM #253260). If molecular confirmation is desired, consider submitting a new blood sample and ordering Biotinidase Deficiency, BTD Full Gene Analysis (MML #89012). Free-form biotin supplementation is recommended. For dosage recommendations, please see GeneReviews (<http://www.ncbi.nlm.nih.gov/sites/GeneTests/?db=GeneTests>). Please contact the Biochemical Genetics consultant or genetic counselor on call (1-800-533-1710) if you have questions.

<b>Reviewed By</b>	Kimiyo M Raymond MD	MCR
<b>Release Date</b>	21 Jul 2009 13:51	MCR

## \* PERFORMING SITE

MCR Mayo Clinic Dpt of Lab Med & Pathology 200 First Street SW Rochester, MN 55905	Lab Director: Franklin R. Cockerill, III, M.D.
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PATIENT NAME TESTING, BIOTSQA	ORDER STATUS Final	COLLECTION DATE AND TIME 07/16/09 07:18 A
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Specimen receipt and report times are in CST/CDT

REPRINT

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